

# 2017 - Extra Help with Part D Drug Costs



Medicare beneficiaries can qualify for Extra Help (from Social Security) with their Medicare prescription drug plan costs. To qualify for the Extra Help, a person must be receiving Medicare, have limited resources and income, and reside in one of the 50 States or the District of Columbia. Apply at [SSA.gov](http://SSA.gov)

	<b><u>Medicare &amp; Medicaid</u> Full Benefit Dual Institutionalized or receiving Home &amp; Community Based Services (HCBS)</b>	<b><u>Medicare &amp; Medicaid</u> Full Benefit Dual 100% FPL</b> \$1,005 Individual \$1,353 Couple (+ \$25 income disregard) Full Premium Subsidy	<b><u>Medicare &amp; MSP</u> Medicare Savings Program Up to 150% FPL</b> Resources/Asset Limit \$7,280 Individual \$10,930 Couple <b>(QMB, SLMB, QI)</b> Full Premium Subsidy	<b><u>Medicare Only</u> 135% FPL</b> \$1356 Individual \$1826 Couple Resources/Asset Limit \$8,890 Individual \$14,090 Couple Full Premium Subsidy	<b><u>Medicare Only</u> 135% FPL with higher resource limit</b> \$1356 Individual \$1826 Couple Resources/Asset Limit \$13,820 Individual \$27,600 Couple Full Premium Subsidy	<b><u>Medicare Only</u> 150% FPL</b> \$1,508 Individual \$2,030 Couple Resources/Asset Limit \$13,820 Individual \$27,600 Couple Partial Premium Subsidy
<b>Monthly Part D Premium</b>	\$0	\$0	\$0	\$0	\$0	<b>Sliding scale</b> 136-140% = 75% premium subsidy 141-145% = 50% premium subsidy 146-149% = 25% premium subsidy
<b>Annual deductible</b>	\$0	\$0	\$0	\$0	\$74	\$82
<b>Copay or Coinsurance</b>	\$0	\$1.20 / \$3.70 Copay	\$3.30 / \$8.25 Copay	\$3.30 / \$8.25 Copay	15% Coinsurance Up to \$4950 out-of-pocket cost	15% Coinsurance Up to \$4950 out-of-pocket cost
<b>Catastrophic coverage</b>	N/A	N/A	N/A	N/A	\$3.30 / \$8.25 Copay After \$4,950 out-of-pocket cost	\$3.30 / \$8.25 Copay After \$4,950 out-of-pocket cost

**Note:** 2017 resource limits include \$1,500 per person for burial expenses.

**NOTE:** If chose a non-benchmark plan, monthly premium reduced by \$28.68 for 2017

**2017 FPL: 100% FPL = \$12,060 for an individual annually & \$16,240 for a couple annually**

**Reference:** SSA POMS HI 03001.005 Medicare Part D 2017 Extra Help <https://secure.ssa.gov/poms.nsf/lnx/0603001005>

**Reference:** HHS.gov Federal 2017 Poverty Level Guidelines <https://aspe.hhs.gov/poverty-guidelines>

Reviewed by Jack Myers of SSA Springfield (Sandy Leith email 01/31/17)